

9 FAM PART IV Appendix O, Exhibit IX RECEPTION AND PLACEMENT
PROGRAM ASSURANCE FORM

RECEPTION AND PLACEMENT PROGRAM ASSISTANCE FORM

National Agency _____ Placement Code: _____
Migration and Refugee Service _____ ETA/ESL Completion Date: _____
Street Address _____
City, State, Zip Code _____
Telephone Number _____

Date: File _____ ID No. _____ Present Location: _____

The following persons have been accepted for resettlement under our auspices:

	<u>Name</u>	<u>A Number</u>	<u>DOB</u>	<u>MC</u>	<u>Sex</u>	<u>POB</u>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						

<u>Affiliate</u>	<u>Local Co-sponsor</u>	<u>Relative (if applicable)</u>
Telephone _____	Tel: _____	Tel: _____

Airport of Final Destination:

Placement Location (city, state): _____

Special Instructions:

The affiliate has an agreement with the national Agency to provide, or ensure the provisions of, reception and placement services to the above named refugee(s) in accordance with the U.S. Department of State Cooperative Agreement.

Signature: _____
Authorized Agency Representative

Refugee Data Center 200 Park Avenue South, New York, N.Y. 10003